



Alabama Board of Medical Examiners Newsletter and Report

www.albme.org

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Laser use in clinical medicine

In fewer than five decades, lasers have become a daily part of our lives.

They have been refined and modified for a variety of technological uses, from space exploration and industrial applications to handheld music devices.

Soon after functioning lasers were built, they intrigued medical investigators. Because the laser beam could be focused with extreme precision, designed to vary the amount of energy that it carried, and be designed to affect certain tissues while leaving adjacent ones relatively undisturbed, this discovery appeared to represent a "magical" adjunct to research and to clinical medicine. Indeed, lasers have proven to be enormously important in research and clinical medicine.

Early lasers were large and bulky, especially by today's standards, but they found application in several areas in the 1970s. Clinical laser therapy was used by oph-

thalmological surgeons for welding detachments and vascular lesions of the retinae. Surgeons performing procedures in areas where post-surgical edema was dangerous, such as the airway, found that the precise tissue damage by lasers was useful. The specific light-absorbing nature by differing tissues made lasers useful for the removal of skin lesions, hemangiomas and tattoos.

While lasers have value as technological tools, their use entails definite risks.

The laser beam's energy can produce a fire when around flammable objects. This is a particular risk when the laser is used during general anesthesia. Specific procedures must be employed to protect the patient from an explosive fire by preventing oxygen ignition from an inadvertent direct or reflected beam. Further, a reflected beam that strikes a patient's eye can be focused

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Physician medical records

The accuracy of a physician's record of a visit with a patient is very important. When most physicians were in solo practice and the population did not move frequently to distant locations, the records assisted the doctor's memory. Now, with many persons moving often, with more multi-physician practices and with more referrals to specialists they also provide a diary of the patient's health for use by other physicians.

The physician has the responsibility to ensure the veracity of his patients' records, whether they are written, dictated and transcribed, or electronically recorded.

The Board has seen problems with check-off lists, "routine" dictations and electronic medical records templates. When one uses a check-off form, each item should be clearly marked whether that portion of the history or examination was performed or omitted. When a line is drawn down the page though check boxes beside the list of statements, the physician should verify to himself whether each item so indicated was or was not performed.

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**A Message from the Executive Director
BME welcomes Dr. Toole as editor
of “new and improved” newsletter**

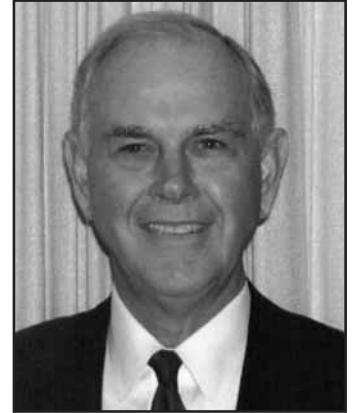
by Larry Dixon

By now you have noticed the new and improved version of the *Alabama Board of Medical Examiners' Newsletter and Report*. The current Board of Medical Examiners decided that the physicians of the state of Alabama would benefit from an improved version of the newsletter, which would do much more than list Public Actions taken by the Board of Medical Examiners and the Medical Licensure Commission.

For that purpose they enlisted Arthur F. Toole III, MD, a recently retired Anniston ENT, to serve as the editor and make changes to the existing newsletter. The Board of Medical Examiners, and I as the director, are very pleased with Dr. Toole's first issue. In his position as editor he will be a tremendous asset for physicians of this state. The newsletter will report all relevant and important information about the Board's opinions and rules as well as any current issues or problems facing practicing physicians in the state of Alabama.

The full Board, along with the staff here at the Board of Medical Examiners, is very glad that Dr. Toole has volunteered to provide his kind of writing expertise. When you read columns, unless there is a byline on the column naming someone other than Dr. Toole, they will be his work product. He will also be listed as editor inside the front cover so he can begin to receive proper recognition for the job he is doing on behalf of the State Board of Medical Examiners and the physicians of the state of Alabama.

I am certain each of you will join me in congratulating Dr. Toole on turning out, on a regular basis, a newsletter which is relevant to you and your practice in this state.



Larry Dixon

BME Q & A

Question: I have a collaborative practice with a CRNP (or have a PA registered to me) and plan to be out of town for a vacation. Can the CRNP (or PA) continue to see my patients in my absence?

Answer: The Board's Rules require that when the primary supervising physician is off duty, out of town, or not on call and not immediately available to respond to his or her patients' medical needs, the CRNP or PA is not authorized to act or render any treatments unless:

- another qualified physician in the same partnership, group, medical professional corporation or physician practice foundation, or with whom the primary supervising physician shares call,
- is on call, and
- is immediately available to collaborate with the CRNP or supervise the PA, and
- **has previously filed with the Board** a letter stating that he or she assumes all responsibility for the CRNP or PA during the temporary absence of the primary supervising physician.

The Board welcomes three new members

On May 6, three physicians were elected to the Board of Medical Examiners to replace Drs. Mullins, Christopher and Hudson. Dr. Bob Mullins, a family practitioner from Valley, has been a member of the Board for the past three years. For eight years, Dr. Ray Hudson has traveled monthly from his family practice in Jasper to serve on the Board. He spent six years on the Credentials Committee. Dr. Craig Christopher, a Birmingham obstetrician-gynecologist, has completed 11 years on the Board. He was on the Credentials Committee for seven years. Dr. Christopher has been the Chairman of the Board this past year. These gentlemen have tirelessly served the citizens and physicians of Alabama.

The three new board members are: James G. Davis, MD, of Birmingham; J. Daniel Gifford, MD, of Decatur; and B. Jerome Harrison, MD, of



James G. Davis, MD

Birmingham for the past 25 years. He is active in many organized medical societies having served as the president of the Jefferson County Medical Society in 2005.

Dr. Gifford is a 1982 graduate of the University of Tennessee and is a nephrologist in Decatur. Dr. Gifford has served as vice president and vice speaker of the Medical Association of the State of Alabama.

Dr. Harrison is a 1980 graduate of the University of Alabama School of Medicine and has been a family prac-

itioner in

Haleyville. Dr. Davis is a 1970 graduate of the University of Alabama School of Medicine. He has been in private practice as an orthopaedic surgeon in

Haleyville for 25 years, as well as practicing emergency medicine and nursing home care.

Dr. Harrison's service to medicine includes a term as president of the Alabama Academy of Family Physicians, where he currently serves on the Board of Directors, and has just completed a three year term on the Medical Association of the State of Alabama's Council on Medical Service.



J. Dan Gifford, MD



B. Jerome "Jerry" Harrison, MD

Use of lasers

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by the eye's lens, causing damage to the retina.

Because of potential human risks, the FDA regulates all lasers, both for medical and non-medical use. It classifies lasers based on the potential for the laser to produce injury to personnel. Although the FDA regulates the classification of lasers, it defers the regulation of medical laser use to the medical board of each jurisdiction. Every laser above Class I must have a warning label on it that includes its FDA classification. The current classification is:

Class I lasers cause no harm. They are low-level devices, usually contained within the device, and should cause no harm to eyes or skin if exposed. Some examples are CD and DVD players, laser printers and copiers, etc.

Class II lasers are low-powered

(less than 1 mW) devices that have the potential to cause eye damage if the beam is viewed directly for a prolonged period or with magnifiers. The laser is generally unshielded in these instruments. Examples are laser bar code scanners, laser range finders, leveling devices, etc.

Class III lasers are sub-divided into two classes:

Class IIIa lasers are similar to Class II instruments but use a continuous wave of intermediate power (1 – 5 mW). These have sufficient power to cause damage to the eye if viewed directly, especially if viewed using a magnifier. Laser pointers are an example of this class.

Class IIIb lasers are ones of intermediate power (continuous wave of 5 – 500 mW or pulsed wave to 10 Joule/cm²). Direct view of the beam or reflections of the beam can injure the eye. Persons around this laser should wear eye protection.

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**Do you
collaborate with
a Certified
Registered Nurse
Practitioner?**

**If the CRNP leaves your
collaborative practice you
must notify the Alabama
Board of Medical
Examiners within five
business days.**

**(Board Rule 540-X-8-.04(4)
The notification of
commencement and
termination of a
collaborative practice.)**

FROM THE EDITOR...



Arthur F. Toole III, MD

When first approached about editing the Board's newsletter, I had concerns regarding the personal time that it would take but was

excited by a vision that I may be able to assist other physicians in understanding medical regulations.

Being in the medical profession for many years, I know how difficult it is for physicians to keep abreast of medical regulation because of their focus on the welfare of their patients. I want to make the *Newsletter and Report* an easily understood educational reminder of medical licensure regulations and an update for changes. Even having had a license for 30 years, I did not understand the mechanics of the Board of Medical Examiners when I was elected to the Board.

As a physician, a medical license is one of your most important documents because it allows you to use the long years of your education to serve your patient's and community's health needs and to make a living for yourself and your family. A medical license is a privilege that is bestowed on individuals by the Medical Licensure Commission of Alabama after the applicant's credentials have been examined, approved and forwarded to it by the Alabama Board of Medical Examiners. With the privilege of this license comes the responsibility to practice competently, ethically and compassionately.

I have written a booklet to provide an overview of the BME and

MLC that the Board will publish soon. A copy will go to each new licensee with their license. It will be on the Board's website and available to any licensed Alabama physician who requests it.

The rules and regulations governing medical practice are written to assure quality medical care for the citizens of Alabama and to provide licensed physicians with the opportunity to control their medical career. Most physicians do not have the time or desire to keep up with changes in licensure requirements. I plan to include concise articles and notices that I hope will help a busy physician be able to keep his or her practice within the scope of Alabama law and the Board's rules.

When possible, I, and others, will present practice guidelines in a step-by-step article to help you with your practice, the way we did with the mid-level practitioner subject in the first issue. We will insert highlighted side-bars to remind you of common mistakes and of important dates. When a new opinion is issued by the Board, we will print it in the next issue and place it immediately on the Board's website.

The publication will continue to print a report of public actions by the Board and by the Medical Licensure Commission as it has in the past.

The Board welcomes questions and comments. I welcome your suggestions about the new format of the *Newsletter and Report*.

Please remember how important your medical license is to you. Protect your license by practicing good and ethical medicine, by knowing the requirements to maintain it and by making absolutely certain that you have renewed it in a timely manner.

Medical records

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When dictating a patient's history, examination, or medical procedure that is regularly and routinely seen in that physician's practice, it is not uncommon for there to be a set of "routine" dictations for various circumstances.

Instead of repeating these notes multiple times, the physician may ask the transcriptionist to use the "routine transcription" for that particular situation.

If this order is given, the physician should remember the contents of that note and assure that all items are correct in this particular circumstance.

With electronic medical records, templates are one of the factors that make them more efficient. Like "routine transcriptions" a single tap of the stylus can enter routine and repetitious statements into the record. If the physician participated in the development of the template, the complete contents of the statement are more easily recalled. If the template is pre-packaged with the electronic medical record software, the doctor must become familiar with the complete statement that the template places into the record. The doctor must be certain that the template accurately reflects the findings of that patient encounter.

The Board sees instances where a physician makes a "routine entry" in the record only to find that a portion of it was inaccurate, either by stating that something was done that was not performed or vice versa. The most common problems, in the Board's experience, are long and very complete descriptions of examinations, generated by a template or "routine" transcription, that are beyond the scope of the exam needed for the particular visit. Charting inaccuracies can lead to future problems with decisions about that patient's care.

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Board revises PA joint procedures policy

by Jorge A. Alsip, MD, Chairman



Jorge A. Alsip, MD

Last year the Alabama Board of Medical Examiners updated and revised the Physician Assistant Job Description to clarify its policies

regarding physician assistant procedures. The job description in use at that time included several terms (e.g., “drains”) that were being misinterpreted by physicians and physician assistants to allow more advanced procedures (e.g., tube thoracostomy) not approved by the Board. After a public comment period the changes to the Physician Assistant Job Description were finalized on November 22, 2005. Since then the Board has received multiple inquiries regarding a perceived change in the Physician Assistant Job Description. After further investigation of the issue, it is apparent many physicians and physician assistants have misinterpreted the inclusion of “injections” on the standard Physician Assistant Job Description as allowing for arthrocentesis, a procedure not approved by the Board for physician assistants. The revised form included clarifying language specifying injections were limited to subcutaneous,

intramuscular and intravenous sites.

The Alabama Board of Medical Examiners studied the issue of arthrocentesis and joint injection for physician assistants in 1996. At its May 15, 1996 meeting the Board received a letter from the Alabama Orthopaedic Society (AOS) in response to the Board’s request for input regarding the appropriateness of physician assistants performing arthrocentesis and/or injections to joints, tendon or bursa. In the Alabama Orthopaedic Society letter received April 20, 1996, the Society issued the opinion that PAs should not be given permission to perform these duties because PAs were not trained to perform arthrocentesis and joint injections. This opinion was the basis of the Board’s longstanding policy not to grant these privileges to PAs.

However, PA training programs have evolved over the past 10 years and most now include arthrocentesis and joint injections among the skills being taught. As a result of this change and an updated AOS opinion supporting inclusion of these procedures for appropriately-trained PAs, the Board will now allow supervising physicians to request that their PA be allowed to perform arthrocentesis and joint injections (limited to the shoulder, elbow, knee or ankle). This request must be accompanied by documentation of training from the PA training program or a request by the

supervising physician to train his/her PA to perform these duties. After the Board receives this documentation of training, these requests will be considered for approval on an individual basis. Approval would include a requirement for direct physician supervision and would exclude these duties from being performed at a remote site when a supervising physician is not present. The Board has not changed its longstanding policy of not allowing PAs to perform trigger point injections or facet blocks.

The Board has become aware of other areas of potential misinterpretation related to PA procedures, including:

- **Injections:** Botox, Restylane, collagen and mesotherapy are not approved for PA prescriptive privileges and may not be administered by PAs.
- **Suturing:** Repair of facial lacerations is limited to those requiring only a single layer closure.
- **Incision and Drainage:** The performance of an I&D is limited to superficial abscesses only.
- **Biopsies:** Facial biopsies are limited to punch biopsies not to exceed 5mm in diameter.

For any questions concerning PA procedures or prescriptive privileges please contact Randy Moore, Director Physician Extender Services, at (800) 227-2606.

Do you perform surgery, treatments or examinations with any sedation in your office or clinic?

If so, you may be required to register with the Alabama Board of Medical Examiners and maintain specific equipment, procedures and records in your office or clinic.

Check the www.albme.org/obs.html page of the Alabama Board of Medical Examiners website at www.albme.org to determine whether your practice is required to register.

Do you have a physician assistant registered to your practice?

By Board rules, if you dissolve your relationship with the PA, you and the PA must notify the Alabama Board of Medical Examiners.

540 X 7 .20 Termination of Registration – Voluntary – Physician Assistants (PA).

When for any reason a physician assistant shall discontinue his or her employment with the employer designated in the application for registration, then registration of such physician assistant to the supervising physician designated in the application is automatically terminated. The physician assistant and the physician shall each inform the Board in writing of the effective date of the termination of employment and the reasons for such termination. Failure to notify the Board of termination may be considered by the Board as a violation of these rules and regulations for the purpose of approval of future applications for registration.

Use of lasers

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Examples are laser light shows, some industrial lasers, and some medical and research devices.

Class IV lasers are high-powered (defined as greater than 500 mW in continuous wave or greater than 10 Joules/cm²

pulsed) instruments used for surgery, boring and cutting metal, welding, etc. These can cause severe injury to eyes and skin with a short exposure to the direct or reflected beam. Operators should use eye and other appropriate protection.

At this time lasers used for medical purposes are in Class III or IV. While a few medical jurisdictions have yet to make a public comment on lasers, most medical boards and osteopathic boards have announced opinions that consider the treatment of humans with a laser as a medical procedure. In Alabama the Board has opined that the medical use of lasers is a procedure and that only a licensed physician or a mid-level practitioner (certified nurse practitioner or licensed physician assistant), whose **approved** duties include the use of a **specific laser device**, shall use a laser on a patient. The board further opines that, in the case of a CRNP or a PA, the collaborating or supervising physician must be on the premises and readily available while the laser is used.

The Alabama opinion is consistent with most U.S. medical and osteopathic boards. Nine boards allow only physicians to use a laser for medical treatment. Twenty-six jurisdictions allow delegation to skilled professionals under the direct supervision of a licensed

physician. The degree of training mandated for the skilled professional varies from board to board, but many are similar to the Alabama opinion. A few boards allow a properly trained and credentialed non-physician to administer

limited laser treatments not under direct physician supervision, but a physician must assume responsibility for the non-physician's actions. As mentioned previously, a few boards have not issued an opinion on laser use in their states yet.

The development of lasers,

since their invention forty-eight years ago, has increased rapidly. Because of the expansion of medical uses for lasers and a better awareness of the dangers inherent in laser use, **the Alabama Board of Medical Examiners appointed an ad hoc committee to study the current status of lasers, their use and their comparative safety.** The members of this committee represent a broad range of specialties that utilize lasers in their scope of practice. The Board charged this committee to suggest guidelines for laser use. Presently, the Board does not know if its ultimate guidelines will be procedure specific, laser class specific, or involve other parameters. When the committee presents its report to the Board the Board will review it fully, investigate further if deemed necessary, and will issue guidelines for laser use in medical procedures. The guidelines will be posted on the Board's website, www.albme.org, and printed in the *Newsletter and Report*.

In Alabama the Board has opined that the use of lasers is a medical procedure and that only a licensed physician or a mid-level practitioner (certified nurse practitioner or licensed physician assistant), whose approved duties include the use of a specific laser device, shall use a laser on a patient.

Board Opinions

Facial biopsies

On March 15, 2006, the Board opined that a mid-level practitioner, with specific approval by the Board, may biopsy facial lesions. The incisional or excisional biopsy may not exceed a 5 mm punch biopsy. Shave biopsies of facial lesions were approved May 17, 2006, with the requirements that: (1) the depth of the shave not extend beneath the dermis and (2) that lesions in sensitive areas of the face, such as the eyelids, ears, lip commissures, be evaluated by the physician prior to the procedure.

Board approval for the procedure(s) will be considered only after a proper-

ly submitted request by the collaborating or supervising physician and documentation of training in the CRNP's or PA's education program. If such training was not obtained in the formal education program, the collaborating or supervising physician may request permission to train the CRNP or PA and submit documentation of successful completion of training in the procedure. If the Board gives approval to the mid-level practitioner, after documentation of competency in the procedure, the physician must be readily available on the premises of the office suite during the procedure.



Pain pumps and dispensing physicians

Several physicians have expressed confusion about whether they are a dispensing physician if they refill pain pumps. The Board's position is that dispensing revolves on **ownership** of the medication and the **location** of where it is consumed or administered.

If the physician writes a prescription in the patient's name for each controlled substance and the prescription is filled by a pharmacy, the physician may **administer** the patient's medication and the pharmacy must report the prescription. If the physician purchases the controlled substance in his name, using DEA Form 222, then gives a dose to the patient or another caregiver to administer off site, the physician would be a dispensing physician.

While the Board considers it unlikely that, with the design of the pumps currently in use, a physician would give a controlled substance to a patient or care-giver to self-administer, the Board does not consider the action of a physician filling a pain pump, *in itself*, to cause the physician to be considered a dispensing physician. Alabama's recently implemented Prescription Drug Monitoring Program (PDMP) includes the narcotics used in pain pumps among the controlled substances that physicians are required to report to this database. Thus, by PDMP, physicians who fill these pumps are considered dispensing physicians and, at this time, **MUST** report to the Alabama Department of Public Health. The

Board is addressing its concerns and opinions with the PDMP task force and, when a consensus is achieved, the opinion will be posted on the Board's website and published in the next issue of the *Newsletter and Report*.

Arthrocentesis and joint injection by mid-level practitioners

At the request of the Alabama Board of Medical Examiners the Alabama Orthopedic Society sent a letter stating its opinion about the appropriateness of physician assistants performing arthrocentesis and/or joint, tendon or bursa injection. The letter, dated April 20, 1996, stated that it was the Society's opinion that PAs should not be given permission to perform these duties because their training did not include arthrocentesis and joint injection. This opinion was reviewed by the Board at its May 15, 1996, meeting, and the Board's policy not

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Board Opinions

On March 15, 2006, the Board reaffirmed its opinion that a mid-level practitioner may not prescribe nor administer Botox, Restylane, collagen or mesotherapy.

Opinions of the Board on specific topics may be found in the Newsletter Links section of the Board's website, www.albme.org.

Questions about a certain opinion that does not appear to be addressed at this site may be submitted in written form to the Alabama Board of Medical Examiners.

Termination of the physician-patient relationship

Physicians have an obligation to support continuity of care for their patients. While physicians have an option of withdrawing from a case, they cannot do so without giving notice to the patient, the relatives, or responsible friends sufficiently long in advance of withdrawal to permit another medical attendant to be secured. American Medical Association's Council on Ethical and Judicial Affairs' Code of Medical Ethics: Section 8.115.

Medical Waste

Questions have been asked about disposal of medical waste products. This information is contained at the Alabama Department of Environmental Management's website, www.adem.state.al.us, in section 335-13-7-.01 to -.10. For those without internet access, information can be obtained from Mr. Lindsey Mothershed at (334) 271-7700.



Arthrocentesis and joint injection continued from page 7

to grant these privileges to CRNPs and PAs was approved.

The Board revised Appendix B of the PA application form in November 2005 to clarify its existing positions for multiple procedures. One clarification included the category "injections." While this change did not reflect a change in Board policy it did bring to light that some physicians and PAs had mistakenly assumed that the "injections" category allowed PAs to perform arthrocentesis and joint injection. Because of this apparent misunderstanding, the Board has reviewed its policy on this particular issue.

A review of physician assistant training indicates that many programs now train their students to perform arthrocentesis and joint injections. The Board has changed its policy and will allow a supervising physician to request that their physician assistant be allowed to perform arthrocentesis and joint injections (limited to the shoulder, elbow, knee and ankle). The request must be accompanied documentation of specific education in these procedures from the physician assistant's training program if such instruction occurred. If not, the supervising physician may request permission from the Board to train his/her PA to perform these duties. When the Board receives documentation of successful training the request will be considered for approval on an individual basis. **Approval will include a requirement for direct physician supervision and will exclude performance by the PA at a remote site.**



Notice regarding Questions and Answers:

The Board of Medical Examiners and the Medical License Commission welcome questions and comments. A comment or question will be published with the physician's name who submits the item unless the physician expresses a desire that the name be withheld. If a topic is presented that may be of very broad interest, the editor may paraphrase the question or comment, and print it as a clarification. The Board will not respond to anonymous or unsigned comments or questions.

Public Action Reports of the Medical Licensure Commission and Board of Medical Examiners

Medical Licensure Commission February 2006

- ◆ On Feb. 4, the Commission entered an Order reinstating to full, unrestricted status the license to practice medicine in Alabama of **Willard W. Mosier, MD**, license number MD.00007384, Birmingham, AL.
- ◆ On Feb. 4, the Commission entered an Order reprimanding the license to practice medicine or osteopathy in Alabama of **John A. King, DO**, license number DO.127, Orlando, FL, assessing an administrative fine, and requiring the completion of a course in medical ethics.
- ◆ On Feb. 4, the Commission entered an Order revoking the license to practice medicine in Alabama of **Scott R. Fisher, MD**, license number MD.00016319, Alpharetta, GA.
- ◆ On Feb. 8, the Commission revoked the license to practice medicine in Alabama of **Phillip B. Robertson, MD**, license number MD.00013307, Fort Payne, AL, by Order dated Feb. 4, 2006.
- ◆ On Feb. 22, the Commission entered an Order summarily suspending the license to practice medicine in Alabama of **Karen M. Fancher, MD**, license number

MD.00021594, Albertville, AL, until such time as the Administrative Complaint filed by the Board of Medical Examiners shall be heard by the Commission and a decision rendered thereon.

- ◆ On Feb. 22, the Commission entered an Order summarily suspending the license to practice medicine in Alabama of **Sumathi Paturu, MD**, license number MD.00018590, Birmingham, AL, until such time as the Administrative Complaint filed by the Board of Medical Examiners shall be heard by the Commission and a decision rendered thereon.

Board of Medical Examiners March 2006

- ◆ On March 15, the Board entered a Stipulation and Consent Order concerning the Alabama Controlled Substances Certificate (ACSC) of **Joe G. Cromeans, MD**, certificate number ACSC.00000434, Scottsboro, AL, wherein the ACSC is voluntarily surrendered and an administrative fine is assessed.

Medical Licensure Commission March 2006

- ◆ On March 1, the Commission entered an Order reprimanding the license to practice medicine in

Alabama of **Michael Hammer, MD**, license number MD.00018741, Birmingham, AL, assessing an administrative fine, and providing that he shall not enter a collaborative practice agreement for a period of two years.

- ◆ On March 1, the Commission entered an Order affirming the denial by the Board of Medical Examiners of the application for a certificate of qualification to practice medicine in Alabama of **Naiyer Imam, MD**, Roanoke, VA.
- ◆ On March 1, the Commission entered an Order deferring action on the application for reinstatement of license of **Pascual Herrera, Jr., MD**, pending certain additional actions and information.
- ◆ On March 29, the Commission entered an Order denying the request to terminate the probationary status of the license to practice medicine in Alabama of **Onelio E. Perdomo, MD**, license number MD.00010606, Atlanta, GA.
- ◆ On March 29, the Commission entered an Order reinstating subject to conditions the license to practice medicine in Alabama of **Oscar V. Fadul, MD**, license number MD.00009585, Huntsville, AL.

Board of Medical Examiners April 2006

- ◆ On April 12, the Board entered an Order removing the restrictions placed on the certificate of qualification to practice medicine without examination pursuant to Ala. Code §34-24-75(b) of **Robert B. Hunter, Jr., MD**, license number L.2475, Montgomery, AL.

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Notice regarding CME:
Physicians and PAs are required to maintain documentation of CME attendance and hours earned for a minimum of three years. More information can be obtained from the News www.albme.org/cme.html the Board's website, www.albme.org.

Closing or retiring from a practice

Physicians who are closing their practices or who are contemplating retiring from their practices should read the Board's guidelines accessible through the ~~Newsletter Links section at~~ www.albme.org. Rule 540-X-9-.10(3) is similar to the AMA's Council on Ethics and Judicial Affairs' Opinion E-7.03, and states, "When a physician retires, terminates employment or otherwise leaves a medical practice, he or she is responsible for ensuring that active patients receive reasonable notification and are given the opportunity to arrange for the transfer of their medical records. A physician or physician group should not withhold information from a departing physician which is necessary for notification of patients. A physician or the estate of a deceased physician transferring records in connection with the sale of a medical practice should notify the physician's active patients that the records are being transferred and should provide the patient with information sufficient to secure the transfer of the medical record." www.albme.org/closeprac.html

Public actions

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- ◆ On April 26, the Board entered an Order making the certificate of qualification to practice medicine in Alabama of **John J. Villaverde, MD**, license number MD.00011177, Vestavia Hills, AL, subject to an amended Voluntary Restriction entered into on April 18, 2006.
- ◆ On May 2, the Commission entered an Order revoking the license to practice medicine in Alabama of **Jose Enrique Perezcassar, MD**, license number MD.00023090, Lake Mary, FL.
- ◆ On May 2, the Commission entered an Order terminating all restrictions on the license to practice medicine in Alabama of **Daniel K. McDonald, MD**, license number MD.00021930, Birmingham, AL.
- ◆ On May 2, the Commission entered an Order denying the reinstatement application of **Jerry Wayne Sheffield, MD**, license number MD.00006587, Birmingham, AL.
- ◆ On May 2, the Commission entered an Order reinstating the license to

practice medicine in Alabama of **James B. Burke, MD**, license number MD.11238, Nashville, TN.

- ◆ On May 2, the Commission entered an Order suspending the license to practice medicine in Alabama of **Alan V. Stansfield, MD**, license number MD.00007469, Gadsden, AL.
- ◆ Based upon the stipulation of the parties, on May 15 the Commission entered a Consent Order reprimanding the license to practice medicine in Alabama of **Jonathan Allen Jarman, MD**, license number MD.00021786, Atlanta, GA, and assessing an administrative fine.
- ◆ On May 24, the Commission entered an Order making the license to practice medicine in Alabama of **John J. Villaverde, MD**, license number MD.00011177, Vestavia Hills, AL, subject to an amended Voluntary Restriction entered into on April 18, 2006.
- ◆ Upon the Stipulation of the parties, the Commission entered a Consent Order on May 24 placing on probation the license to practice medicine in Alabama of **James A. McCain, MD**, license number MD.00011595, Gadsden, AL, restricting the Alabama Controlled Substances

Upcoming Educational Events

Ensuring Quality in the Collaborative Practice: Responsibilities and Resources for Physicians and Nurse Practitioners

June 29 – Huntsville

August 5 – Birmingham

October 26 – Live Satellite and Webcast

To register, contact MASA's Education Department at (334) 954-2500 or (800) 239-6272.

The Medical Foundation of Alabama is accredited by the Medical Association of the State of Alabama to sponsor continuing education for physicians. The Medical Foundation of Alabama designates this educational activity for a maximum of 3 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

2nd Annual Finding Balance Symposium: Life Issues for the Practicing Physician

October 20-22, Sandestin Golf and Beach Resort

To register, contact the Caduceus Foundation at (334) 954-2500 or (800) 239-6272.

Certificate to Schedules IV and V, assessing an administrative fine, and certain other conditions.

- ◆ Upon the Stipulation of the parties, the Commission entered a Consent Order on May 24 reprimanding the license to practice medicine in Alabama of **Victor E. Mendoza, MD**, license number MD.00025607, Ft. Payne, AL, assessing an administrative fine, and requiring certain continuing medical education.

Medical Licensure Commission June 2006

- ◆ On June 1, the Commission entered an Order revoking the license to practice medicine in Alabama of **Sumathi Paturu, MD**, license number MD.00018590, Birmingham, AL.

FINDING BALANCE:

LIFE ISSUES FOR THE PRACTICING PHYSICIAN
SECOND ANNUAL
Southeast Regional Symposium

OCTOBER 20-22
SANDESTIN RESORT

SPONSORED BY THE CADUCEUS FOUNDATION
CENTER FOR PHYSICIAN WELLBEING
CO-SPONSORED BY THE
ALABAMA BOARD OF MEDICAL EXAMINERS

Faculty



Kernon Manion, MD, psychiatrist, developed Work/Life Design Center to help identify the complex causes of professional burnout and weariness for both individuals and organizations. He is a highly acclaimed speaker and workshop leader.



Lee Lipsenthal, MD, Lee Lipsenthal, M.D. is Founder of Finding Balance in a Medical Life. He has served as Medical Director of Lifestyle Advantage and HeartMath LLC as well as being Vice President and Medical Director of The Preventive Medicine Research Institute, with Dr. Dean Ornish, in Sausalito California. He also serves as the President of the American Board Of Holistic Medicine. He is a board-certified internist with postgraduate training in cholesterol disorders and cardiac rehabilitation.

Registration Form

Mail or Fax to: The Caduceus Foundation, 19 South Jackson Street, Montgomery, AL 36104
Voice: 334-954-2596 FAX: 334-954-2593

Please register ___ person(s) at \$395 (+\$100 for spouse or guest) Total \$ _____

Name _____ (Please Print) Address (Street, City, State, Zip) _____ Phone _____

Email _____ Credit Card: Visa MC Card Number _____ Expiration _____

Amount \$ _____ (\$395 plus \$100 for spouse) Cardholder's Signature _____

Please sign **and** print name



Alabama Board of Medical Examiners

Newsletter and Report

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**Important news from your
Board of Medical Examiners**

The law of the state of Alabama requires that every licensed physician notify the Board of Medical Examiners in writing within 15 days of a change of the physician's practice location address and/or mailing address.

Important Dates

◆ December 31, 2006

- Alabama Medical License renewal applications are due.
- Last day to renew Alabama Controlled Substance Certificates. There is no grace period.
- **Deadline to receive CME hours for the calendar year 2006.** Remember, according to Board rules you must maintain the certificates of your CME hours for a minimum of three years.

◆ January 31, 2007

- All non-renewed licenses are automatically revoked for nonpayment of the annual registration fee as provided in Alabama law. A physician who fails to renew by Jan. 30 must go through the reinstatement process before being allowed to practice in Alabama.